

**Michigan Department of Health & Human Services
Division of Health, Wellness & Disease Control (DHWDC)
HIV Care Section (HCS)
Integrated Quality Management Plan 2015**

QUALITY STATEMENT

In accordance with the legislative mandate for quality management by the Ryan White (RW) HIV/AIDS Treatment Extension Act of 2009, HCS Quality Management (QM) Program is committed to establishing and maintaining coordinated and comprehensive service delivery across the HIV treatment cascade/continuum of care for Michigan citizens living with HIV. This will be accomplished through strong collaboration with stakeholders, promotion of essential client involvement in the quality process, completion of quarterly progress reports, assessment of key performance measures, as well as provision of internal and external QM training and monthly QM meetings.

QUALITY INFRASTRUCTURE

The HCS QM Program infrastructure consists of the following:

- Quality Coordinators: Part B QM Coordinator and Part D/Michigan Drug Assistance Program (MIDAP) Quality Assurance (QA) Coordinator
- Internal QM committee: representatives from all HCS work teams – Data, Fiscal, MIDAP, Program, Grants & Contracts and two Unit Managers – Continuum of Care (COC) and Education, Training & Resource Development (ETRD)
- Leadership: HCS Section Manager and DHWDC Division Director
- RW Parts B and D sub-recipients
- Stakeholders: clients, planning Council, Health Resources & Services Administration, etc.

See Appendix 3 for Michigan Ryan White organizational chart.

The **Quality Coordinators** are responsible for:

- Co-leading the monthly Internal QM committee meetings and training staff as needed
- Coordinating the development, testing and implementation of performance measures for grantee and sub-recipient use
- Monitoring sub-recipient performance measure data on a quarterly basis; providing QM technical assistance as needed
- Communicating quality issues with HCS leadership and working together to address challenges
- Reviewing and updating the QM Plan annually
- Keeping abreast of quality improvement techniques and ideas
- Representing their respective RW Parts on the Michigan Regional Group (MIRG), a collaborative of all RW grantees in Michigan whose focus is examining

disparities regarding prescription of antiretroviral therapy and viral load suppression

The **Internal QM committee** is responsible for:

- Developing and annually updating an integrated QM plan including annual quality goals
- Determining HRSA HIV/AIDS Bureau (HAB) performance measures that align with annual goals to be reported from grantee and sub-recipient levels
- Reviewing performance measure and MIRG data quarterly to identify possible gaps and disparities in health outcomes and/or training opportunities
- Improving HIV Care processes based on sub-recipient and client input
- Assisting with provision of internal and external QM training

To encourage continuous quality improvement (QI), HCS requires all **RW Parts B & D sub-recipients** to:

- Provide performance measure data via CAREWare data entry and progress reports
- Report QI activities through quarterly quality monitoring and progress reports
- Focus improvement efforts by completing Plan-Do-Study-Act (PDSA) cycles in areas of underperformance (when goals are not met)
- Create, maintain, and update annually their QM plans
- Incorporate client input into service delivery

ANNUAL QUALITY GOALS

As part of technical assistance from the National Quality Center (NQC), a Part D Organizational Assessment (OA) of HCS was conducted in March 2014. In June 2014, HCS HIV Care quality management staff were hired and tasked with rebuilding the quality management program. The Quality Coordinators and the HCS Internal QM committee together reviewed the OA results and developed the following annual quality goals:

1. Routinely engage staff in Quality Improvement (QI) activities and provide QM training on a regular basis
2. Measure and review disparities in quality data, specifically viral load suppression and prescription of antiretroviral therapy
3. Engage and involve clients by obtaining their feedback regularly and incorporating it into the HCS QM program
4. Develop a process for annually updating the HCS QM Plan

CAPACITY BUILDING

The Quality Coordinators will attend professional conferences, such as those offered by NQC (Training of Quality Leaders, Training of Trainers), to expand knowledge and network with other Ryan White grantee quality managers. The Quality Coordinators

and Internal QM committee will build capacity of internal HCS staff, sub-recipient partners, and possibly consumers through the provision of training opportunities regarding quality. Capacity building needs will be determined through QM surveys and quarterly feedback from sub-recipients. Orientation for newly hired HCS staff will be adapted to include the Beginner NQC Quality Academy tutorials. Quality Coordinators will also provide quality technical assistance (TA) as needed for sub-recipients, especially with local QM plan development, CAREWare performance data utilization, and QI activity brainstorming.

PERFORMANCE MEASUREMENT

Selection: Current performance measures¹ were selected solely by the QM committee members. QM Coordinators researched HRSA HAB performance measures and presented specific measures for consideration based on 1) the services currently provided by sub-recipients and 2) the Core measures emphasized in the Parts B and D grants. Moving forward, HCS will regularly present performance measure data to sub-recipients and other stakeholders, as applicable, and obtain their input in the selection of additional performance measures.

Reporting: Performance measure data will be reported in CAREWare by sub-recipients across the state, as well as MIDAP staff. Quality Coordinators will monitor performance measures on a quarterly basis and, with the assistance of the QM committee members, will: analyze the data, identify areas of underperformance, make recommendations for quality improvement, and prepare individual and aggregate QM reports. Aggregate reports will be presented or disseminated to the planning council(s), HIV Care leadership, QM committee, funded sub-recipient staff, and other relevant stakeholders.

List of Performance Measures:

Both Part B and Part D:

All four of the following measures are reported for Parts B and D; goals differ for each funding source due to previous performance [2013 baselines]. HCS recognizes that many of the set goals are below national thresholds. These goals are considered intermediate; more recent data will be reviewed, and adjustments will be considered in the next QM Plan update.

HIV Viral Load Suppression: *Goals: 80% (B) and 70% (D)* Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year [2013 Baselines: 80.5% (B) and 61.6% (D)]

Prescription of ART: *Goals: 70% (B) and 70% (D)* Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year [2013 Baselines: 71.6% (B) and 78.2% (D)]

¹ See Appendix 1 and Appendix 2 for performance measure numerator, denominator, & data element details.

HIV Medical Visit Frequency: *Goals: 50% (B) and 35% (D)* Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits [2013 Baselines: At the time of baseline calculation, it was thought that baselines could not be calculated from CAREWare, so goals may have been set artificially low, but based on the knowledge that Ryan White clients often relocate and may not receive care at the same agency for 24 consecutive months.]

Gap in HIV Medical Visits: *Goals: <25% (B) and <35% (D)* Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year [2013 Baselines: 22.5% (B) and 28.3% (D)]

Part D only:

Medical Case Management – Care Plan: *Goal: 80%* Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times during the measurement year [2013 Baseline: 52.0% (D only)]

MIDAP only:

MIDAP Determination: *Goal: 80%* Percentage of MIDAP applications approved or denied for new MIDAP enrollment within 14 days (two weeks) of MIDAP receiving a complete application in the measurement year [No baseline data available]

MIDAP Formulary: *Goal: 100%* of new anti-retroviral classes are included in the ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents during the measurement year [No baseline data available]

HCS is currently modifying the first four performance measures listed above to better align with the outcome measures outlined by HRSA on the Part B Implementation Plan.

QUALITY IMPROVEMENT

Sub-recipients are responsible for providing performance measure data regarding viral load suppression, prescription of antiretroviral therapy, HIV medical visit frequency, and gap in HIV medical visits via CAREWare data entry and progress reports. Sub-recipients will report any QI activities to the respective Quality Coordinators during quarterly quality monitoring and in progress reports. Quality Coordinators will work with sub-recipients whose performance measure results do not reach the set goal or threshold as specified in work plans. Quality Coordinators will provide technical assistance (e.g. Model for Improvement methodology which includes PDSA cycles) to facilitate quality improvement.

HCS QI Projects:

In August 2014, HCS uploaded the pre-built Core performance measures that were made available by HRSA into CAREWare. However, these measures do not yield

results as specific as the Part B Implementation Plan requires (Core and Support service- specific). Therefore, the Part B QM Coordinator has been working and will continue to work with the HCS data team to modify the Part B and B Supplemental performance measures to mirror the outcome measures as required on the respective Implementation Plans. It is intended that Part D will make performance measure modifications to allow service-specific reporting. It is slated to be done later this year; the same Part B performance measure modification process will be used.

Contracts require the current month's data to be entered into CAREWare by the 10th of the following month. However, all sub-recipients are not meeting this requirement. RW Program staff is working on a project to track timeliness of sub-recipient data entry. Each sub-recipient's CAREWare data will be reviewed after the 10th of each month and compared to previous months' data for changes.

Also, CAREWare service and subservice terminology has been standardized; however, some sub-recipients have reported that not all services they provide can be captured under the current CAREWare subservice options. HCS provided training on standardized subservices for sub-recipient CAREWare users, held follow-up webinars that answered their subservice questions, and have encouraged sub-recipients to report subservice gaps. This information will be used to make appropriate updates so that sub-recipients can accurately capture their services in CAREWare by October 1, 2015.

A MIDAP quality project will aim to reduce non-utilization of MIDAP prescription coverage. In December 2014, ScriptGuideRx, the pharmacy benefits manager, identified and reported on MIDAP clients who had not utilized MIDAP prescription coverage in three months. The MIDAP staff will contact these clients to inquire about non-utilization and in conjunction with Part D/MIDAP QA Coordinator will develop an action plan to improve medication adherence.

ENGAGEMENT OF STAKEHOLDERS

The Internal QM Committee is committed to incorporating stakeholder input in its efforts to improve the quality of Ryan White services throughout Michigan. The QM Committee will establish two sub-committees (client and sub-recipient) through which input will be gathered and used to improve service delivery. The client sub-committee will include individuals who receive either RW Part B or D services across the state and are interested in contributing to program improvements.

The sub-recipient sub-committee will include staff from funded providers who regularly engage in quality management activities at their organization. Sub-recipients are all contractually required to conduct quality improvement activities based on performance measures and gather input from their clients at the local level. This can be done through an agency-level community advisory board, annual satisfaction surveys, suggestion boxes, etc. In doing this, they must ensure that clients are informed and involved throughout the process. Input from sub-recipients and their clients will be reported to the QM Committee and incorporated into the group's activities.

For programs implemented directly by HCS (MIDAP and Michigan Dental Program), annual satisfaction surveys will be conducted to gain client input on service delivery and other program components. In addition, HCS will maintain a collaborative relationship with HIV planning councils that include clients who are most impacted by HCS RW programs. As needed, ad-hoc committees within the councils will be utilized to get feedback and input.

To ensure that stakeholder participation in this process is meaningful and informed, HCS will provide training related to quality management to interested participants. Also, to keep stakeholders updated and engaged, HCS will provide information on statewide data, program implementation, best practices, quality management activities, and feedback on suggestions. In return, HCS will solicit input regarding annual QM plan/goals, performance measures, planning for new programs and evaluating existing programs. This will be gathered at in-person meetings, via surveys, or review of relevant materials and will be incorporated into the QM Committee decision-making.

PROCEDURES FOR UPDATING QM PLAN

The Quality Coordinators, in conjunction with the Internal QM Committee, will review the entire current QM plan in six months to check items such as goal suitability, work plan activities' progress and feasibility. Adjustments will be made as needed. Thereafter, the QM plan and annual quality goals will be reviewed and updated annually.

COMMUNICATION

The Quality Coordinators will annually share and/or present the updated HCS QM plan and aggregate performance measure data. Quarterly quality monitoring trends will be shared with sub-recipients at the quarterly sub-recipient meetings. Quality Coordinators and respective Program Coordinators will communicate with each other at least monthly regarding identified sub-recipient data issues. Quality Coordinators will contact funded sub-recipients quarterly to discuss individual performance data and QI activities.

EVALUATION

Evaluation activities will be led by the Quality Coordinators and may involve Internal QM committee members. The QM program will be evaluated annually through assessment of three broad areas: quality infrastructure effectiveness, QI activities' success in meeting annual quality goals, performance measure appropriateness and achievement.

Results will feed into the next year's QM plan and quality activities. If goals are not met, they will be reviewed to identify challenges/barriers; goals may be revised or realigned and efforts will be continued the next year to meet the targets. If goals were reached, the focus will shift to sustaining those goals. In addition, at least one organizational assessment (either Part B or Part D) will be conducted annually. OA results will be compared to those of previous years, and the expectation is that scores will increase. This would demonstrate progress and with improvements made over time, the HCS QM program builds strong roots; quality improvement activities will naturally become a part of all staff positions.

WORK PLAN

Topic	Activities	Measurement	Person(s) Responsible	Frequency
ORGANIZATIONAL ASSESSMENT: To what extent are physicians and staff routinely engaged in QI activities and provided training to enhance knowledge, skills and methodology needed to fully implement QI work on an ongoing basis?	1) Include basic NQC QM tutorials as part of orientation for newly hired HCS staff	# of newly hired staff that completed QM training as part of orientation	Quality Coordinators, HCS leadership	By June 2015
	2) Provide QM training (in-person and webinar trainings, incl. conference sessions/presentations) internally and externally	# QM trainings held internal # QM trainings held external # of participants	Quality Coordinators, QM committee members	Semiannually
	3) Provide quality technical assistance to sub-recipients, as needed	# of QM technical assistance sessions provided	Quality Coordinators	As requested
	4) Hold regular QM meetings monthly	# QM committee meetings held	Quality Coordinators, QM committee	Monthly
	5) Actively participate in MI Regional Group meetings	# of MI Regional Group meetings attended and in which HCS actively participated	Quality Coordinators, designated QM committee members	Quarterly (usually Jan, April, July, October)
ORGANIZATIONAL ASSESSMENT: Does HIV program measure disparities in care and patient outcomes, and use performance data to improve care to eliminate or mitigate discernible disparities?	1) Monitor individual sub-recipient performance measure data	# of QM Coordinator reviews of individual sub-recipient performance measure data as part of QM monitoring	Quality Coordinators	Quarterly (Jan, April, July, October)
	2) Provide performance measure data feedback to individual sub-recipients as part of quality monitoring	# of QM Coordinator individual sub-recipient feedbacks given within one month as part of QM monitoring	Quality Coordinators	Quarterly (Jan, April, July, October)

Topic	Activities	Measurement	Person(s) Responsible	Frequency
	3) Analyze data for MIRC standardized reports and submit data	# of MIRC data analyses # of MIRC data submissions	Quality Coordinators, Program Coordinators, Data analysts	Quarterly
ORGANIZATIONAL ASSESSMENT: To what extent are consumers effectively engaged and involved in the HIV QM program?	1) Share performance measure data reports and QM Plan with stakeholders	# of informational shares (QM Plan, aggregate performance measure reports) with planning council(s)	Quality Coordinators, QM committee members	Annually (Performance measures & QM plan)
	2) Establish two subcommittees: sub-recipient and consumer	# of QM subcommittees established	QM committee	By January 2016
ORGANIZATIONAL ASSESSMENT: To what degree does the HIV program have a comprehensive quality plan that is actively utilized to oversee QI activities?	1) Review and update QM Plan, especially annual quality goals	# of QM Plan reviews QM Plan updated: Y/N Annual goals updated: Y/N	QM Committee	After 6 months this year, then annually thereafter
EVALUATION: Quality infrastructure effectiveness	1) Assess QM committee and subcommittee current and potential membership via a survey or application	# of QM committee membership surveys conducted # of QM committee membership applications reviewed	Quality Coordinators, HCS leadership	Semiannually
EVALUATION: Quality improvement activities' success in meeting annual quality goals	1) Organizational assessment (either Part B or Part D) will be conducted	# of organizational assessments conducted	HCS, objective individual that is knowledgeable in quality	Annually
	2) Conduct surveys to obtain satisfaction feedback from clients, sub-recipients and	# of satisfaction surveys conducted to clients (via MIDAP and MI Dental Program), sub-recipients, and internal staff	Quality Coordinators	Annually

Topic	Activities	Measurement	Person(s) Responsible	Frequency
	internal staff			
EVALUATION: Performance measure appropriateness and achievement	1) Review aggregate and individual sub-recipient performance measure data	# of performance measure data reviews at monthly QM committee meetings	QM Committee	Semi-annually
	2) Review QM component at sub-recipient site visits	# of sub-recipient site visits conducted in which QM component was reviewed	Quality Coordinators, QM committee members	Annually (per sub-recipient)
	3) Sub-recipients report applicable performance measure data	# of individual sub-recipient performance measure data submissions	Sub-recipients	Semiannually or quarterly (dependent on contract type)
QUALITY IMPROVEMENT: HCS projects	1) Modify Core performance measures in CAREWare to be service-specific, as outlined in the Part B Implementation Plan	# of service-specific performance measures made available in CAREWare to sub-recipients for reporting purposes	Part B QM Coordinator, Data team, Part B Coordinator	By May 2015
	2) Review sub-recipient data entry of subservices in CAREWare after the 10 th of each month, and identify changes in subservice counts over time	# of sub-recipient subservice data entry reviews # of sub-recipients contacted due to late CAREWare entry	Quality Coordinators, Part B Coordinator, Part D Coordinator, Part B Supplemental Coordinator	Monthly
	3) Standardization of CAREWare subservices will be adjusted based on sub-recipient feedback on subservice gaps	100% of sub-recipients are able to accurately capture in CAREWare the RW subservices they provide by using the standardized subservice terminology	Sub-recipients, Program Coordinators, Data team	Standardized CAREWare subservices updates will be implemented by October 1, 2015

Topic	Activities	Measurement	Person(s) Responsible	Frequency
	4) MIDAP will reduce ScriptGuideRx non-utilization rates by directly contacting clients that have not filled a prescription using MIDAP coverage in 3 months	ScriptGuideRx non-utilization rates will decrease by 10%	Part D/MIDAP Quality Coordinator, MIDAP team	Quarterly

CW Label	Measure	Numerator	Denominator	Relevant Data Elements
CC01B	<u>HIV VIRAL LOAD SUPPRESSION</u> 80% of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	Last Quantitative Lab Value HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
CC02B	<u>PRESCRIPTION OF HIV ART</u> 70% of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	# of ARV active ingredients HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
CC03B	<u>HIV MEDICAL VISIT FREQUENCY</u> 50% of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24 month measurement period *EXCLUDES clients that died during measurement year	HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status
CC04B	<u>GAP IN HIV MEDICAL VISITS</u>	Number of patients in the denominator who did not	Number of patients, regardless of age, with a	HIV Positive

	<25% of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	have a medical visit in the last 6 months of the measurement year	diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year *EXCLUDES clients that died during measurement year	Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status
PM02	<u>MIDAP: APPLICATION DETERMINATION</u> 80% of MIDAP applications approved or denied for new MIDAP enrollment within 14 days (two weeks) of MIDAP receiving a complete application in the measurement year	Number of applications that were approved or denied for new MIDAP enrollment within 14 days (two weeks) of MIDAP receiving a complete application in the measurement year	Total number of complete MIDAP applications for new MIDAP enrollment received in the measurement year	MIDAP Enrollment Status Date of Receipt of Application Date of Approval or Denial
N/A	<u>MIDAP: FORMULARY</u> 100% of new anti-retroviral classes that are included in the ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents during the measurement year	Number of new anti-retroviral classes included into the ADAP formulary within 90 days of the publication of updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents that include new anti-retroviral drug class during the measurement year	Total number of new antiretroviral classes published in updated PHS Guidelines during the measurement year	Date of inclusion of new antiretroviral class in PHS guidelines Date of inclusion of new antiretroviral class in MIDAP formulary

For reference of all D and B performance measures, visit HRSA HAB Performance Measures at

<http://hab.hrsa.gov/deliverhivaidscale/habperformmeasures.html>

Appendix 2. Performance Measures – Part D

CW Label	Measure	Numerator	Denominator	Relevant Data Elements
CC01D	<u>HIV VIRAL LOAD SUPPRESSION</u> 70% of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	Last Quantitative Lab Value HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
CC02D	<u>PRESCRIPTION OF HIV ART</u> 70% of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	# of ARV active ingredients HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
CC03D	<u>HIV MEDICAL VISIT FREQUENCY</u> 35% of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24 month measurement period *EXCLUDES clients that died during measurement year	HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status
CC04D	<u>GAP IN HIV MEDICAL VISITS</u> <35% of patients,	Number of patients in the denominator who did not have a medical visit in the	Number of patients, regardless of age, with a diagnosis of HIV who had at	HIV Positive Any Outpatient/Ambulatory

	regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	last 6 months of the measurement year	least one medical visit in the first 6 months of the measurement year *EXCLUDES clients that died during measurement year	Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status
PM01D	MCM: CARE PLAN 80%of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times during the measurement year	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times (at least three months apart) in the measurement year	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year	HIV Positive MCM Service Plan Development

For reference of all D and B performance measures, visit HRSA HAB Performance Measures at <http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>

Appendix 3. Michigan Ryan White Organizational Chart

